STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155237	A. BUILDING 01 B. WING	04/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY VILLAGE NURSING HOME	3518 S SHELBY ST INDIANAPOLIS, IN46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/05/11 Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Bethany Village Nursing Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas not separated from the corridor and in all resident sleeping rooms. The facility has a capacity of 100	K0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation upon revisit on or after 04/16/2011.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	and had a census of 73 at the time of this visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/07/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0050	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2			
SS=F	Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on the third shift for 1 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors. Findings include: Based on review of "Monthly Fire Drill Report" documentation with the Maintenance Supervisor from 9:40 a.m. to	K0050	K050: NFPA Life Safety Code Standards. Fire Drills. Fire Drills are held at unexpected times under varying conditions, at least quarterly on each shift.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A third shift fire drill was conducted on 04/12/2011 at 11:30pm. **How will you identify other residents having the potential to be affected by the same**	04/16/2011

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	11:15 a.m. on 04/05/11, there is no documentation of a fire drill being conducted on the third shift in the first quarter in 2011. Based upon interview at the time of record review, the Maintenance Supervisor stated the third shift fire drill was conducted but acknowledged there is no documentation of the fire drill report available for review. 3.1-19(b)		**deficient practice and what corrective action will be taken?**All residents have the potential to be affected. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The Maintenance Supervisor received and reviewed the American Senior Communities' (ASC) fire drill staggered times guidelines and has set calendar dates to ASC staggered times. The calendar was submitted to and reviewed by the Executive Director.The Maintenance Director submits the *Monthly Fire Drill Report* with staff responses to the Safety Committee monthly. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The quarterly calendar for fire drills is submitted to the Executive Director prior to the end of each quarter to ensure staggered drills. Fire drills and responses are reported to the Continuous Quality Improvement (CQI) committee overseen by the executive director. If compliance is not achieved then an action plan may be developed to ensure compliance.	
K0052	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical			

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	Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4			
SS=F	Based on record review and interview, the facility failed to ensure 2 of 11 fire drills conducted over the past year included the transmission of a fire alarm signal to protect 73 of 73 residents. NFPA 72, Table 7-3.2 number 23 requires the supervising station fire alarm system be tested monthly. This deficient practice could affect all residents in the facility. Findings include: Based on review of "Monthly Fire Drill Report" documentation with the Maintenance Supervisor from 9:40 a.m. to 11:15 a.m. on 04/05/11, third shift fire drills conducted on 06/19/10 at 3:15 a.m. and on 09/23/10 at 2:55 a.m. did not indicate in the fire alarm test section of each report the fire alarm system was activated and included a statement indicating these were silent drills. Based on an interview with the Maintenance Supervisor at the time of record review, when silent drills are conducted the facility does not test the fire alarm system during the daytime near the date when the drills are conducted to include a test of the fire alarm system.	K0052	K052: NFPA Life Safety Code Standards. A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A third shift fire drill was conducted on 04/12/2011 at 11:30pm with transmissions of a fire alarm signal. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**All residents have the potential to be affected. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The Maintenance Supervisor reviewed the guidelines for conducting fire drills that includes transmitting the fire alarm signal. The Maintenance Supervisor conducts fire drills based on the American Senior Communities' (ASC) fire drill staggered times guidelines and	04/16/2011

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	3.1-19(b)		has set calendar dates to ASC staggered times. All fire drills have transmission of the fire alarm signal. The calendar was submitted to and reviewed by the Executive Director.The Maintenance Director submits the *Monthly Fire Drill Report* with staff responses and signal transmission to the Safety Committee monthly. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The quarterly calendar for fire drills is submitted to the Executive Director prior to the end of each quarter to ensure staggered drills. Fire drills, responses and alarm transmission are reported to the Continuous Quality Improvement (CQI) committee overseen by the executive director. If compliance is not achieved then an action plan may be developed to ensure compliance.	
K0144	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			
SS=C	Based on record review and interview, the facility failed to document the load percentage for the monthly load test for the generator for 3 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in	K0144	K144: NFPA Life Safety Code Standards. Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA99.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	04/16/2011

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	accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: a. Under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating. b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Emergency-Weekly Exercise/Monthly Load Test Log" monthly load test documentation with the Maintenance Supervisor from 9:40 a.m. to 11:15 a.m. on 04/05/11, monthly emergency generator load testing on 01/07/11, 02/04/11 and 03/04/11 show the emergency generator ran for at least thirty minutes each month but neither the percentage of load capacity or minimum exhaust gas temperature was recorded. Based on interview at the time of record review, the Maintenance Supervisor stated		practice? A 30-minute generator load test was conducted 04/15/22 at 2:00pm with the percentage of load capacity and minimum exhaust gas temperature documented. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**All residents have the potential to be affected. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The Maintenance Supervisor reviewed the guidelines *Emergency-Weekly Exercise/Monthly Load Test.* The Maintenance Supervisor conducts weekly exercise tests each Friday at 2:00pm with the monthly load test on the first Friday of the each month. Documentation of the percentage of load capacity and minimum exhaust gas temperature documented on the *Emergency-Weekly Exercise/Monthly Load Test Form.* The Maintenance Director submits the exercise and load test results to the Safety Committee monthly. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance**	

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	the facility switched to new record keeping forms for 2011 and acknowledged the percentage of load capacity was not recorded on the new form in documenting monthly load testing. 3.1-19(b)		**program will be put into place** The *Emergency-Weekly Exercise/Month Load Test* Log is submitted to the Continuous Quality Improvement (CQI) committee overseen by the executive director. If compliance is not achieved then an action plan may be developed to ensure compliance.	